

Political Organization
Notice of Section 527 Status

Part I General Information

1 Name of organization

Truth in Politics Inc

Employer identification number

38 - 3911481

2 Mailing address (P.O. box or number, street, and room or suite number)

PO Box 652

City or town, state, and ZIP code

Tallahassee, FL 32302 -

3 Check applicable box: ☒ Initial notice ☐ Amended notice ☐ Final notice

4a Date established

07/03/2013

4b Date of material change

07/10/2013

5 E-mail address of organization

kmask@vancorejones.com

6a Name of custodian of records

Kimberly Mask

6b Custodian's address

PO Box 652

Tallahassee, FL 32302 -

7a Name of contact person

Kimberly Mask

7b Contact person's address

PO Box 652

Tallahassee, FL 32302 -

8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

PO Box 652

City or town, state, and ZIP code

Tallahassee, FL 32302 -

9a Election authority

NONE

9b Election authority identification number

Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)

10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes ☒ No ☐

10b If 'Yes,' list the state where the organization files reports: FL

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes ☐ No ☒

Part III Purpose

12 Describe the purpose of the organization

The corporation is formed for the purpose of engaging in any lawful business permitted pursuant to United States and Florida law. And to engage in exempt function activity as described in section 527 of the Internal Revenue Code.

Part IV List of All Related Entities (see instructions)

13 Check if the organization has no related entities

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14a Name of related entity	14b Relationship	14c Address
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Part V List of All Officers, Directors, and Highly Compensated Employees (see instructions)

15a Name	15b Title	15c Address
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Andrew Jones	Chairperson	PO Box 652 Tallahassee, FL 32302 -
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Kimberly Mask	Treasurer	PO Box 652 Tallahassee, FL 32302 -
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

Andrew Jones

07/10/2013

**Sign
Here**



Name of authorized official



Date
